

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

**In the Matter of the Accusation )  
Against: )**

**JOSEPH R. MEYERS, M.D. )**

**Case No. 800-2014-008790**

**Physician's and Surgeon's )  
Certificate No. C27030 )**

**Respondent )**

**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on August 25, 2017.**

**IT IS SO ORDERED: July 27, 2017.**

**MEDICAL BOARD OF CALIFORNIA**



**Michelle Anne Bholat, M.D., Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 LAWRENCE MERCER  
Deputy Attorney General  
4 State Bar No. 111898  
455 Golden Gate Avenue, Suite 11000  
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*Attorneys for Complainant*

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8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

Case No. 800-2014-008790

11  
12 **JOSEPH MEYERS, M.D.**  
**1800 Sullivan Ave., suite 308**  
13 **Daly City, CA 94015**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 Physician's and Surgeon's Certificate No. C27030,  
15 Respondent.

16  
17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
18 entitled proceedings that the following matters are true:

19 PARTIES

20 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
21 of California (Board). She brought this action solely in her official capacity and is represented in  
22 this matter by Xavier Becerra, Attorney General of the State of California, by Lawrence Mercer,  
23 Deputy Attorney General.

24 2. Respondent Joseph R. Meyers, M.D. (Respondent) is represented in this proceeding  
25 by attorney Shannon V. Baker and Rothschild, Wishek & Sands, LLP, whose address is: 765  
26 University Ave., Sacramento, CA 95825  
27  
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1           3.     On or about April 22, 1965, the Medical Board issued Physician's and Surgeon's  
2     Certificate Number C27030 to Joseph R. Meyers, M.D. (Respondent). Said certificate is current  
3     and valid and, unless renewed, will expire on July 31, 2017.

4                                   JURISDICTION

5           4.     Accusation No. 800-2014-008790 was filed before the Medical Board of California,  
6     Department of Consumer Affairs, and is currently pending against Respondent. The Accusation  
7     and all other statutorily required documents were properly served on Respondent on April 26,  
8     2016. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of  
9     Accusation No. 800-2014-008790 is attached as exhibit A and incorporated herein by reference.

10                               ADVISEMENT AND WAIVERS

11          5.     Respondent has carefully read, fully discussed with counsel, and understands the  
12     charges and allegations in Accusation No. 800-2014-008790. Respondent has also carefully read,  
13     fully discussed with counsel, and understands the effects of this Stipulated Settlement and  
14     Disciplinary Order.

15          6.     Respondent is fully aware of his legal rights in this matter, including the right to a  
16     hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
17     the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
18     to the issuance of subpoenas to compel the attendance of witnesses and the production of  
19     documents; the right to reconsideration and court review of an adverse decision; and all other  
20     rights accorded by the California Administrative Procedure Act and other applicable laws.

21          7.     Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
22     every right set forth above.

23                               CULPABILITY

24          8.     Respondent admits the truth of each and every charge and allegation in the Fifth  
25     Cause for Discipline in Accusation No. 800-2014-008790.

26          9.     Respondent agrees that his Physician's and Surgeon's Certificate Number C27030 is  
27     subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in  
28     the Disciplinary Order below.

[illegible]

10. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or any participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated and Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

11. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

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IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate Number C27030 issued to Respondent Joseph R. Meyers, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any controlled substances as defined by the California Uniform Controlled Substances Act and listed in Schedule II of the Act. Respondent shall restrict his prescribing to drugs listed in Schedules III-V of the Act, subject to the further restriction on dispensing set forth in Paragraph 2 below.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If

1 Respondent forms the medical opinion, after an appropriate prior examination and medical  
2 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent  
3 shall so inform the patient and shall refer the patient to another physician who, following an  
4 appropriate prior examination and medical indication, may independently issue a medically  
5 appropriate recommendation or approval for the possession or cultivation of marijuana for the  
6 personal medical purposes of the patient within the meaning of Health and Safety Code section  
7 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that  
8 Respondent is prohibited from issuing a recommendation or approval for the possession or  
9 cultivation of marijuana for the personal medical purposes of the patient and that the patient or  
10 the patient's primary caregiver may not rely on Respondent's statements to legally possess or  
11 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully  
12 document in the patient's chart that the patient or the patient's primary caregiver was so  
13 informed. Nothing in this condition prohibits Respondent from providing the patient or the  
14 patient's primary caregiver information about the possible medical benefits resulting from the use  
15 of marijuana.

16 Respondent shall immediately surrender Respondent's current DEA permit to the Drug  
17 Enforcement Administration for cancellation and reapply for a new DEA permit limited to those  
18 Schedules authorized by this order. Within 15 calendar days after the effective date of this  
19 Decision, Respondent shall submit proof that Respondent has surrendered Respondent's DEA  
20 permit to the Drug Enforcement Administration for cancellation and re-issuance. Within 15  
21 calendar days after the effective date of issuance of a new DEA permit, Respondent shall submit a  
22 true copy of the permit to the Board or its designee.

23 2. CONTROLLED SUBSTANCES - NO DISPENSING. Respondent shall not  
24 dispense, as defined by Business and Professions Code section 4024, any controlled substances,  
25 as defined by the California Uniform Controlled Substances Act, from his office, directly or  
26 indirectly, to any patient. Respondent shall immediately surrender any and all DEA permits that  
27 authorize him to dispense controlled substances and shall not, during the term of this agreement,  
28 reapply for such permit or authorization.

1       3.   PREScribing PRACTICES COURSE. Within 60 calendar days of the effective  
2 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in  
3 advance by the Board or its designee. Respondent shall provide the approved course provider  
4 with any information and documents that the approved course provider may deem pertinent.  
5 Respondent shall participate in and successfully complete the classroom component of the course  
6 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
7 complete any other component of the course within one (1) year of enrollment. The prescribing  
8 practices course shall be at Respondent's expense and shall be in addition to the Continuing  
9 Medical Education (CME) requirements for renewal of licensure.

10       A prescribing practices course taken after the acts that gave rise to the charges in the  
11 Accusation, but prior to the effective date of the Decision shall be accepted towards the  
12 fulfillment of this condition if the course would have been approved by the Board or its designee  
13 had the course been taken after the effective date of this Decision.

14       Respondent shall submit a certification of successful completion to the Board or its  
15 designee not later than 15 calendar days after successfully completing the course, or not later than  
16 15 calendar days after the effective date of the Decision, whichever is later.

17       4.   MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
18 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
19 advance by the Board or its designee. Respondent shall provide the approved course provider  
20 with any information and documents that the approved course provider may deem pertinent.  
21 Respondent shall participate in and successfully complete the classroom component of the course  
22 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
23 complete any other component of the course within one (1) year of enrollment. The medical  
24 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
25 Medical Education (CME) requirements for renewal of licensure.

26       A medical record keeping course taken after the acts that gave rise to the charges in the  
27 Accusation, but prior to the effective date of the Decision shall be accepted towards the  
28 fulfillment of this condition if the course would have been approved by the Board or its designee

1 had the course been taken after the effective date of this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its  
3 designee not later than 15 calendar days after successfully completing the course, or not later than  
4 15 calendar days after the effective date of the Decision, whichever is later.

5 5. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
6 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
7 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
8 Respondent shall participate in and successfully complete that program. Respondent shall  
9 provide any information and documents that the program may deem pertinent. Respondent shall  
10 successfully complete the classroom component of the program not later than six (6) months after  
11 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
12 time specified by the program, but no later than one (1) year after attending the classroom  
13 component. The professionalism program shall be at Respondent's expense and shall be in  
14 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

15 A professionalism program taken after the acts that gave rise to the charges in the  
16 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
17 or its designee, be accepted towards the fulfillment of this condition if the program would have  
18 been approved by the Board or its designee had the program been taken after the effective date of  
19 this Decision.

20 Respondent shall submit a certification of successful completion to the Board or its  
21 designee not later than 15 calendar days after successfully completing the program or not later  
22 than 15 calendar days after the effective date of the Decision, whichever is later.

23 6. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
24 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
25 program approved in advance by the Board or its designee. Respondent shall successfully  
26 complete the program not later than six (6) months after Respondent's initial enrollment unless  
27 the Board or its designee agrees in writing to an extension of that time.

28 The program shall consist of a comprehensive assessment of Respondent's physical and

1 mental health and the six general domains of clinical competence as defined by the Accreditation  
2 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
3 Respondent's current or intended area of practice. The program shall take into account data  
4 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
5 Accusation(s), and any other information that the Board or its designee deems relevant. The  
6 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
7 than five (5) days as determined by the program for the assessment and clinical education  
8 evaluation. Respondent shall pay all expenses associated with the clinical competence  
9 assessment program.

10 At the end of the evaluation, the program will submit a report to the Board or its designee  
11 which unequivocally states whether the Respondent has demonstrated the ability to practice  
12 safely and independently. Based on Respondent's performance on the clinical competence  
13 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
14 scope and length of any additional educational or clinical training, evaluation or treatment for any  
15 medical condition or psychological condition, or anything else affecting Respondent's practice of  
16 medicine. Respondent shall comply with the program's recommendations.

17 Determination as to whether Respondent successfully completed the clinical competence  
18 assessment program is solely within the program's jurisdiction.

19 If Respondent fails to enroll, participate in, or successfully complete the clinical  
20 competence assessment program within the designated time period, Respondent shall receive a  
21 notification from the Board or its designee to cease the practice of medicine within three (3)  
22 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
23 until enrollment or participation in the outstanding portions of the clinical competence assessment  
24 program have been completed. If the Respondent did not successfully complete the clinical  
25 competence assessment program, the Respondent shall not resume the practice of medicine until a  
26 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
27 cessation of practice shall not apply to the reduction of the probationary time period.

28 7. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this



1 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
2 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
3 licenses are valid and in good standing, and who are preferably American Board of Medical  
4 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
5 relationship with Respondent, or other relationship that could reasonably be expected to  
6 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
7 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
8 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

9 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
10 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
11 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
12 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
13 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
14 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
15 signed statement for approval by the Board or its designee.

16 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
17 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
18 make all records available for immediate inspection and copying on the premises by the monitor  
19 at all times during business hours and shall retain the records for the entire term of probation.

20 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
21 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
22 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
23 shall cease the practice of medicine until a monitor is approved to provide monitoring  
24 responsibility.

25 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
26 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
27 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
28 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure

1 that the monitor submits the quarterly written reports to the Board or its designee within 10  
2 calendar days after the end of the preceding quarter.

3 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
4 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
5 name and qualifications of a replacement monitor who will be assuming that responsibility within  
6 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
7 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
8 notification from the Board or its designee to cease the practice of medicine within three (3)  
9 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
10 replacement monitor is approved and assumes monitoring responsibility.

11 In lieu of a monitor, Respondent may participate in a professional enhancement program  
12 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
13 review, semi-annual practice assessment, and semi-annual review of professional growth and  
14 education. Respondent shall participate in the professional enhancement program at Respondent's  
15 expense during the term of probation.

16 8. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
17 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
18 Chief Executive Officer at every hospital where privileges or membership are extended to  
19 Respondent, at any other facility where Respondent engages in the practice of medicine,  
20 including all physician and locum tenens registries or other similar agencies, and to the Chief  
21 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
22 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
23 calendar days.

24 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

25 9. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
26 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
27 advanced practice nurses.

28 10. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules

governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

12. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice

1 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
2 departure and return.

3 13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
4 available in person upon request for interviews either at Respondent's place of business or at the  
5 probation unit office, with or without prior notice throughout the term of probation.

6 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
7 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
8 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
9 defined as any period of time Respondent is not practicing medicine as defined in Business and  
10 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
11 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
12 Respondent resides in California and is considered to be in non-practice, Respondent shall  
13 comply with all terms and conditions of probation. All time spent in an intensive training  
14 program which has been approved by the Board or its designee shall not be considered non-  
15 practice and does not relieve Respondent from complying with all the terms and conditions of  
16 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
17 on probation with the medical licensing authority of that state or jurisdiction shall not be  
18 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
19 period of non-practice.

20 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
21 months, Respondent shall successfully complete the Federation of State Medical Boards's Special  
22 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
23 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
24 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

25 Respondent's period of non-practice while on probation shall not exceed two (2) years.

26 Periods of non-practice will not apply to the reduction of the probationary term.

27 Periods of non-practice for a Respondent residing outside of California will relieve  
28 Respondent of the responsibility to comply with the probationary terms and conditions with the

1 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
2 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
3 Controlled Substances; and Biological Fluid Testing..

4 15. COMPLETION OF PROBATION. Respondent shall comply with all financial  
5 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
6 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
7 be fully restored.

8 16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
9 of probation is a violation of probation. If Respondent violates probation in any respect, the  
10 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
11 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
12 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
13 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
14 the matter is final.

15 17. LICENSE SURRENDER. Following the effective date of this Decision, if  
16 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
17 the terms and conditions of probation, Respondent may request to surrender his or her license.  
18 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
19 determining whether or not to grant the request, or to take any other action deemed appropriate  
20 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
21 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
22 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
23 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
24 application shall be treated as a petition for reinstatement of a revoked certificate.

25 18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
26 with probation monitoring each and every year of probation, as designated by the Board, which  
27 may be adjusted on an annual basis. Such costs shall be payable to the Board and delivered to the  
28 Board or its designee no later than January 31 of each calendar year.

1  
2 ACCEPTANCE

3 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
4 discussed it with my attorney, Shannon V. Baker. I understand the stipulation and the effect it  
5 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
6 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
7 Decision and Order of the Board.

8  
9 DATED: 05/18/2017

  
10 JOSEPH R. MEYERS, M.D.  
11 Respondent  
12

13 I have read and fully discussed with Respondent Joseph R. Meyers, M.D. the terms and  
14 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
15 I approve its form and content.

16 DATED: 5/18/17

  
17 SHANNON V. BAKER  
18 Attorney for Respondent  
19  
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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
submitted for consideration by the Board.

Dated: May 19, 2017

Respectfully submitted,

XAVIER BECERRA  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General



LAWRENCE MERCER  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2014-008790**



1 KAMALA D. HARRIS  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
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*Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO April 26, 2016  
by [Signature] ANALYST

7  
8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2014-008790

13 **Joseph R. Meyers, M.D.**  
14 **1800 Sullivan Ave., suite 308**  
15 **Daly City, CA 94015**

**ACCUSATION**

16 **Physician's and Surgeon's Certificate**  
17 **No. C27030,**

18 Respondent.

19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
22 capacity as the Executive Director of the Medical Board of California.

23 2. On or about April 22, 1965, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number C27030 to Joseph R. Meyers, M.D. (Respondent). Said certificate is current  
25 and valid and, unless renewed, will expire on July 31, 2017.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board, under the authority of the following  
28 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the  
Medical Practice Act may have his or her license revoked, suspended for a period not to exceed

1 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
2 action taken in relation to discipline as the Board deems proper.

3 5. Section 725 of the Code states:

4 "(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering  
5 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated  
6 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of  
7 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,  
8 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist,  
9 or audiologist.

10 "(b) Any person who engages in repeated acts of clearly excessive prescribing or  
11 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of  
12 not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by  
13 imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and  
14 imprisonment.

15 "(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or  
16 administering dangerous drugs or prescription controlled substances shall not be subject to  
17 disciplinary action or prosecution under this section.

18 "(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section  
19 for treating intractable pain in compliance with Section 2241.5."

20 6. Section 2234 of the Code, states:

21 "The board shall take action against any licensee who is charged with unprofessional  
22 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not  
23 limited to, the following:

24 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
25 violation of, or conspiring to violate any provision of this chapter.

26 "(b) Gross negligence.

27 ///

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1       “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or  
2 omissions. An initial negligent act or omission followed by a separate and distinct departure from  
3 the applicable standard of care shall constitute repeated negligent acts.

4       “(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
5 for that negligent diagnosis of the patient shall constitute a single negligent act.

6       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
7 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
8 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the  
9 applicable standard of care, each departure constitutes a separate and distinct breach of the  
10 standard of care.

11       “(d) Incompetence.

12       “(e) The commission of any act involving dishonesty or corruption which is substantially  
13 related to the qualifications, functions, or duties of a physician and surgeon.

14       “(f) Any action or conduct which would have warranted the denial of a certificate.

15       “(g) The practice of medicine from this state into another state or country without meeting  
16 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
17 apply to this subdivision. This subdivision shall become operative upon the implementation of the  
18 proposed registration program described in Section 2052.5.

19       “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
20 participate in an interview by the board. This subdivision shall only apply to a certificate holder  
21 who is the subject of an investigation by the board.”

22       7.     Section 2236 of the Code states:

23       “The conviction of any offense substantially related to the qualifications, functions or duties  
24 of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter.  
25 The record of conviction shall be conclusive evidence only of the fact that the conviction  
26 occurred.

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1       8.     Section 4170 of the Code states:

2       (a) No prescriber shall dispense drugs or dangerous devices to patients in his or her office or  
3 place of practice unless all of the following conditions are met:

4       (1) The dangerous drugs or dangerous devices are dispensed to the prescriber's own patient,  
5 and the drugs or dangerous devices are not furnished by a nurse or physician attendant.

6       (2) The dangerous drugs or dangerous devices are necessary in the treatment of the  
7 condition for which the prescriber is attending the patient.

8       (3) The prescriber does not keep a pharmacy, open shop, or drugstore, advertised or  
9 otherwise, for the retailing of dangerous drugs, dangerous devices, or poisons.

10       (4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by  
11 Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging  
12 requirements of good pharmaceutical practice, including the use of childproof containers.

13       (5) The prescriber does not use a dispensing device unless he or she personally owns the  
14 device and the contents of the device, and personally dispenses the dangerous drugs or dangerous  
15 devices to the patient packaged, labeled, and recorded in accordance with paragraph (4).

16       (6) The prescriber, prior to dispensing, offers to give a written prescription to the patient  
17 that the patient may elect to have filled by the prescriber or by any pharmacy.

18       (7) The prescriber provides the patient with written disclosure that the patient has a choice  
19 between obtaining the prescription from the dispensing prescriber or obtaining the prescription at  
20 a pharmacy of the patient's choice.

21       (8) A certified nurse-midwife who functions pursuant to a standardized procedure or  
22 protocol described in Section 2746.51, a nurse practitioner who functions pursuant to a  
23 standardized procedure described in Section 2836.1, or protocol, a physician assistant who  
24 functions pursuant to Section 3502.1 . . . may hand to a patient of the supervising physician and  
25 surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, a  
26 manufacturer as defined in this chapter, or a pharmacist.

27       ///

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1 (b) The Medical Board of California . . . shall have authority with the California State Board  
2 of Pharmacy to ensure compliance with this section, and those boards are specifically charged  
3 with the enforcement of this chapter with respect to their respective licensees.

4 9. Section 2266 of the Code states:

5 "The failure of a physician and surgeon to maintain adequate and accurate records relating  
6 to the provision of services to their patients constitutes unprofessional conduct."

7 **FIRST CAUSE FOR DISCIPLINE**

8 **(Gross Negligence/Repeated Negligent Acts/Excessive Prescribing)**

9 **(Patient L.P.)**

10 10. Respondent Joseph R. Meyers, M.D. is subject to disciplinary action under section  
11 2234 and/or 2234(b) and/or 2234(c) and/or 725 in that Respondent was grossly negligent and/or  
12 committed repeated acts of negligence and/or engaged in repeated acts of clearly excessive  
13 prescribing in his care and treatment of Patient L.P. The circumstances are as follows:

14 A. Respondent is a physician and surgeon, with a specialization in Orthopedic Surgery,  
15 who practices at his offices in Crescent City and Daly City, California.

16 B. On or about August 30, 2012, Patient L.P., a 40 year old female, came under  
17 Respondent's care and treatment for a painful left shoulder. The patient reported that on August  
18 13, 2012, she had fallen while transferring her disabled daughter to her wheelchair and landed on  
19 her left shoulder. She stated that she had a prior injury to her left shoulder, for which she received  
20 conservative treatment, including cortisone injections and narcotic medications, in 2010-2011  
21 before undergoing a left shoulder arthroscopy and capsulorrhaphy on June 23, 2011.

22 C. Respondent's records for Patient L.P. are for the most part illegible and contain scant  
23 clinical information. After her initial visit on August 30, 2012, however, he did dictate a written  
24 report that indicates a treatment plan that includes an MRI, to be followed by a more definitive  
25 plan following the imaging study. Respondent also started the patient on Vicodin<sup>1</sup>, 5/500 mg,  
26 #60, and a topical anti-inflammatory cream, which medications were dispensed from his office.

27 <sup>1</sup> Vicodin is a trade name for hydrocodone and acetaminophen, a controlled substance and  
28 an opiate medication with the potential for habituation and abuse.

1 Over the following months, and through February 4, 2013, Respondent dispensed enough Vicodin  
2 to the patient to provide her with a daily dosage of 14 tablets, or 4.55 grams of acetaminophen -- a  
3 potentially toxic dosage.

4 D. An MRI dated November 6, 2012, showed a high grade tear of at least 75% of the  
5 subscapularis and supraspinatus components, with other smaller tears of the supraspinatus tendon.

6 As stated above, Respondent's chart notes are for the most part brief handwritten notes that are  
7 largely illegible, so that it is unclear how the patient was doing at any specific point in time.  
8 Because her medications were dispensed from Respondent's office by placing the drug label in  
9 the record, it is clear that Respondent switched the patient from hydrocodone/APAP, 5/500, to  
10 hydrocodone/APAP, 10/325 mg (Norco<sup>2</sup>), so that her acetaminophen per tablet was reduced;  
11 however, Respondent prescribed Norco in such large quantities -- up to 720 tablets/month -- that  
12 the patient would consume a toxic amount of acetaminophen if she took the medication as  
13 directed. He also continued to prescribe a topical anti-inflammatory. Utilization reviews  
14 conducted by L.P.'s workers compensation carrier concluded that despite months of narcotic  
15 therapy the patient had not significantly improved and recommended that her narcotics be tapered,  
16 with the goal of weaning her from them. The reviews also concluded that the use of the topical  
17 anti-inflammatory was not supported by medical evidence.

18 E. Respondent sought authorization for an arthroscopic procedure, which was ultimately  
19 approved, but the patient could not find a caretaker for her daughter and cancelled schedule  
20 surgeries twice. In the interim, she continued on high dose short-acting opiate therapy. A  
21 spreadsheet for August, 2014, indicates that she was taking 11-15 tablets of Norco daily, with the  
22 attendant risks of addiction and acetaminophen toxicity.

23 F. On January 22, 2015, Patient L.P. was referred to a pain management specialist in the  
24 community.

25 ///

26 ///

27 <sup>2</sup> Norco is a trade name for hydrocodone bitartrate and acetaminophen, a controlled  
28 substance and an opiate medication with the potential for habituation and abuse.

1 11. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject  
2 to disciplinary action based on his gross negligence, repeated negligent acts and/or excessive  
3 prescribing, as set forth above, and including but not limited to, the following:

4 A. Respondent inappropriately and excessively prescribed and dispensed narcotics to  
5 Patient L.P.;

6 B. Respondent prescribed and dispensed potentially toxic dosages of acetaminophen;

7 C. Respondent failed to obtain appropriate consultations regarding L.P.'s care;

8 D. Respondent's records for L.P. were largely illegible and lacked significant clinical  
9 information.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Gross Negligence/Repeated Negligent Acts/Excessive Prescribing)**

12 **(Patient D.S.)**

13 12. Respondent Joseph R. Meyers, M.D. is subject to disciplinary action under section  
14 2234 and/or 2234(b) and/or 2234(c) and/or 725 in that Respondent was grossly negligent and/or  
15 committed repeated acts of negligence and/or engaged in repeated acts of clearly excessive  
16 prescribing in his care and treatment of Patient D.S. The circumstances are as follows:

17 A. Patient D.S., a 58 year old diabetic male, was first examined by Respondent in an  
18 orthopedic consultation on November 20, 2008. At that time, he provided a history that included  
19 bilateral carpal tunnel syndrome and an industrial accident on August 26, 2006, when he lost his  
20 grip on a ladder and fell backwards onto pallets, injuring his left elbow. The patient presented for  
21 evaluation of a painful left elbow with restricted range of motion. The patient stated that he was  
22 taking Gabapentin<sup>3</sup>, 600 mg, BID, and Norco, 10/325 mg, TID. Respondent diagnosed the patient  
23 with a fracture of the olecranon (i.e., the bony point of the elbow), rule out loose bodies of the left  
24 elbow, olecranon bursitis with bony olecranon fragments. Respondent's plan was to obtain a CT

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26 ///

27 <sup>3</sup> Gabapentin, which is marketed under the trade name Neurontin, is an analgesic used in  
28 the treatment of neurogenic pain.

1 scan. Subsequently, Respondent prescribed Lyrica<sup>4</sup>, 70 mg, BID, and the patient reported some  
2 improvement with the medication.

3 B. Respondent's records for Patient D.S. consist largely of insurance billing forms and  
4 brief, often illegible, handwritten notes on workers compensation progress report (PR2) forms. A  
5 February 12, 2009 x-ray showed bone fragments in the olecranon bursal region. On October 29,  
6 2010, Respondent performed a surgical excision of the olecranon. In November, Respondent  
7 accepted responsibility for D.S.'s medications, which included Gabapentin, 600 mg, QID, #120,  
8 hydrocodone, 10/325 mg, Q 4 hours prn, #180, Lyrica, 100 mg, QID, #120. Although  
9 Respondent had undertaken to prescribe narcotics and analgesics to D.S., there is no  
10 documentation of informed consent.

11 C. In December, 2010, Respondent added Fentanyl<sup>5</sup>, 100 mcg, #12, to the patient's  
12 medication regimen. In addition to Fentanyl, the patient was also taking hydrocodone, 10/325,  
13 and this medication increased from #180 to #240/month over the following two years. Utilization  
14 review by the patient's workers compensation carrier in July, 2012, concluded that the patient had  
15 not significantly improved despite long-term use of narcotics. A taper of the patient's pain  
16 medications was recommended, as was a consultation with a pain management specialist.  
17 Respondent continued to prescribe Fentanyl and hydrocodone, although there were significant  
18 gaps in the use of Fentanyl when the carrier denied approval based on lack of medical indication.  
19 Ultimately the patient was weaned off his Fentanyl. In March, 2013, another utilization review  
20 concluded that the patient had shown no improvement from his narcotics and reduced the dosage  
21 to wean the patient from the ineffective narcotic treatment.

22 D. On January 15, 2015, Respondent refilled the patient's hydrocodone, 10/325, #240,  
23 and Lyrica, 75 mg, #60. In a report that is significant for legibility and detail, Respondent  
24 concluded that rather than maintain the patient on high dose opiates, the patient should be seen by  
25 a pain management specialist. On January 22, 2015, Respondent referred Patient D.S. to a pain

26 <sup>4</sup> Lyrica is a trade name for pregabalin, which is chemically very similar to gabapentin and  
27 is also used in the treatment of nerve pain.

28 <sup>5</sup> Fentanyl is a potent synthetic opioid analgesic. It is a controlled substance with a high  
potential for habituation and abuse.



1 management specialist for institution of a pain management program under that specialist's  
2 direction.

3 13. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject  
4 to disciplinary action based on his gross negligence, repeated negligent acts and/or excessive  
5 prescribing, as set forth above, and including but not limited to, the following:

6 A. Respondent failed to meet the standard of care for prescribing, including appropriate  
7 examinations, consideration of alternative therapies, formulation of a treatment plan with  
8 objectives, and review of the treatment plan when the patient failed to improve;

9 B. Respondent excessively and inappropriately prescribed narcotics to D.S. and  
10 continued to do so even after it was apparent that he was not improving;

11 C. Respondent failed to obtain appropriate consultations when it was clear that the  
12 narcotic therapy was not effective;

13 D. Respondent failed to keep adequate medical records.

14 **THIRD CAUSE FOR DISCIPLINE**

15 **(Gross Negligence/Repeated Negligent Acts/Excessive Prescribing/Unlawful Dispensing)**

16 **(Patient R.W.)**

17 14. Respondent Joseph R. Meyers, M.D. is subject to disciplinary action under sections  
18 2234 and/or 2234(b) and/or 2234(c) and/or 725 and/or 4170 of the Code in that Respondent was  
19 grossly negligent and/or committed repeated acts of negligence and/or engaged in repeated acts of  
20 clearly excessive prescribing and/or unlawful dispensing in his care and treatment of Patient R.W.

21 The circumstances are as follows:

22 A. On December 8, 2011, Patient R.W., a 43-year old male, came under respondent's  
23 care and treatment for an industrial injury. The patient, a correctional officer, stated that he had  
24 descended a stairway and stepped onto a concrete floor when he had sudden onset right hip and  
25 leg pain. Respondent performed a physical examination and diagnosed the patient with a  
26 probable herniated disc at L5-S1. An MRI was performed on January 25, 2012, but found no  
27 focal disc protrusion, central spine stenosis or neural foraminal stenosis. The scan did reveal facet  
28 arthritis at L4-5 and L5-S1 bilaterally.

1 B. Beginning in or about January, 2012, Respondent began prescribing oxycodone and  
2 acetaminophen<sup>6</sup>, 5/325 mg, #60. Concurrently, a physician assistant was continuing to prescribe  
3 hydrocodone and acetaminophen, 10/325, #180, and carisoprodol, 350 mg, #60. In fact, during  
4 2012 through 2014, Patient R.W. was obtaining controlled substances from multiple providers.  
5 On or about November 12, 2013, Respondent was provided with a copy of a CURES report<sup>7</sup> and  
6 thereby made aware that the patient was obtaining prescriptions from another provider. A  
7 handwritten note states "will discuss", however Respondent continued to prescribe and dispense  
8 controlled substances to R.W. During 2013, Respondent prescribed or dispensed extremely high  
9 amounts of hydrocodone/acetaminophen to Patient R.W., with the average daily dose exposing  
10 the patient to the risks of acetaminophen toxicity, liver damage and drug overdose, if taken as  
11 directed.

12 C. As stated above, in addition to prescribing, Respondent dispensed controlled  
13 substances to Patient R.W. These medications largely consisted of prepackaged  
14 hydrocodone/acetaminophen, 10/325 mg, #120. In July and August, 2013, Patient R.W. reported  
15 having his dispensed medications stolen, misplaced or lost every few days. Notes written by  
16 Respondent's office staff state that, with Respondent's approval, the patient was dispensed new  
17 controlled substances by the unlicensed staff.

18 D. Respondent's records for Patient R.W. consist largely of insurance billing forms and  
19 brief, often illegible, handwritten notes on workers compensation progress report (PR2) forms,  
20 leading at least one agreed medical examiner to note that they contained little clinical information  
21 and were not useful in determining what the patient's condition was. In 2013, Patient R.W.  
22 returned to work, but Respondent's records do not document what medical change led to this  
23 significant change after two years on total disability.

24  
25 <sup>6</sup> Oxycodone and acetaminophen, which is marketed under the trade name Percocet, is a  
26 narcotic analgesic with multiple actions similar to those of morphine. Oxycodone can produce  
drug dependence and, therefore, has the potential for being abused.

27 <sup>7</sup> CURES (Controlled Substance Utilization Review and Evaluation System) is a database  
28 of Schedule II, III and IV controlled substance prescriptions dispensed in California serving the  
public health, regulatory oversight agencies, and law enforcement.

1 E. Despite several years of ineffective treatment with narcotics, Respondent's records do  
2 not document consideration or trial of alternative treatments. As of 2014, the patient was  
3 receiving oxycodone and acetaminophen, 10/325 mg, #40, and hydrocodone and acetaminophen,  
4 10/325 mg, #240.

5 15. Respondent is guilty of unprofessional conduct and Respondent's certificate is subject  
6 to disciplinary action based on his gross negligence, repeated negligent acts and/or excessive  
7 prescribing and/or unlawful dispensing, as set forth above, and including but not limited to, the  
8 following:

9 A. Respondent failed to meet the standard of care for prescribing, including appropriate  
10 examinations, consideration of alternative therapies, formulation of a treatment plan with  
11 objectives, and review of the treatment plan when the patient failed to improve;

12 B. Respondent excessively and inappropriately prescribed narcotics to R.W. and  
13 continued to do so even after it was apparent that he was not improving;

14 C. Respondent failed to respond to information indicating that R.W. was obtaining  
15 controlled substances from multiple providers and was likely diverting his medications;

16 D. Respondent allowed drugs to be dispensed by unlicensed persons;

17 E. Respondent failed to obtain appropriate consultations when it was clear that the  
18 narcotic therapy was not effective;

19 F. Respondent failed to keep adequate medical records.

20 **FOURTH CAUSE FOR DISCIPLINE**

21 **(Inadequate and Inaccurate Medical Records)**

22 **(All Patients)**

23 16. Complainant incorporates the allegations of the First through the Third Causes for  
24 Discipline as though fully set out here. Respondent is guilty of unprofessional conduct and  
25 Respondent is guilty of violation of Section 2266 of the Code for failure to keep adequate and  
26 accurate medical records.

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1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Criminal Conviction)**

3 17. Respondent is subject to disciplinary action pursuant to Business and Professions  
4 Code §§ 2234, 2236 and 4170 in that Respondent was convicted of a crime substantially related to  
5 the qualifications, functions and duties of a physician and surgeon. The circumstances are as  
6 follows:

7 A. On February 23, 2016, the Board received notice from the Superior Court Clerk that  
8 Respondent had been convicted of a crime in Del Norte County, California on February 18, 2016.  
9 At that time, Respondent was charged with multiple criminal acts and he entered a plea of Nolo  
10 Contendere to one of the counts, Business and Professions Code § 4170 (Unlawful Dispensing), a  
11 misdemeanor. Respondent was placed on three years probation, prohibited from prescribing  
12 Schedule I and Schedule II controlled substances and ordered to comply with all directives of the  
13 Medical Board of California.

14 18. Respondent is guilty of unprofessional conduct, and Respondent is subject to  
15 disciplinary action, as set forth above.

16 **PRAYER**

17 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
18 and that following the hearing, the Board issue a decision:

19 1. Revoking or suspending Physician's and Surgeon's Certificate Number C27030,  
20 issued to Joseph R. Meyers, M.D.;

21 2. Revoking, suspending or denying approval of Joseph R. Meyers, M.D.'s authority to  
22 supervise physician assistants, pursuant to section 3527 of the Code;

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1           3.     Ordering Joseph R. Meyers, M.D., if placed on probation, to pay the Board the costs  
2 of probation monitoring; and

3           4.     Taking such other and further action as deemed necessary and proper.

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5     DATED: April 26, 2016

  
KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
State of California  
*Complainant*

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